## INTRODUCTION TO REVISED DIABETES COUNTY PROFILES FOR 2001

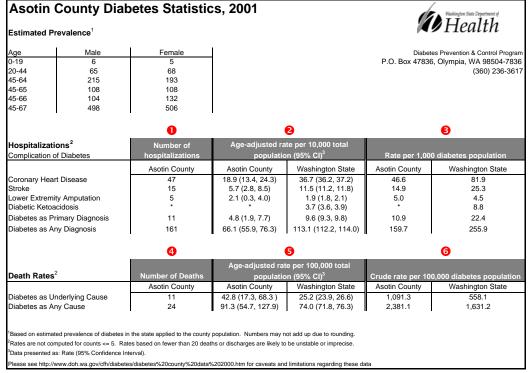
Diabetes County Profiles for 2001 contain some new features.

The number of people with diabetes dispayed for each county are "synthetic" estimates. They are created by multiplying the % of people with diabetes in the state by the number of people in the county in each age/sex group <sup>1</sup>. However, it's unlikely that each county has the same breakdown of people with diabetes by age and sex as the state, so these estimates may seriously over-estimate or under-estimate the true number of people with diabetes in a county. They are the best approximation of a county rate we have available, but they are imprecise at best and should be used with caution.

Synthetic estimates are especially problematic when they're used as the denominator for hospitalization and death rates, especially when the number of deaths or hospitalizations is small. So, this year we've also included rates based on the county populations as reported by the U.S. Census, to allow for more precise comparison to the state. These rates, which appear as "rate per total population, are more precise than the synthetic estimates and are therefore better to use when comparing county and state rates.

In Spring of 2004, we will have data available from the Behavioral Risk Factor Surveillance Survey 2003 oversample for each county; this will allow us to report true estimates of the diabetes population in each county rather than rely on synthetic estimates.

For more information on the methods used in the diabetes county profiles please see Technical Notes at: http://------



## **Explanation of Column Headings, Diabetes County Profile**

## Hospitalizations

- **1.** The number of diabetes-related hospitalizations by selected diagnosis.
- 2. Age-adjusted rates of hospitalization by diagnosis per 10,000 population, for the county and the state. The rate equals the number of yearly hospitalizations divided by the total number of people in the county. This rate indicates the burden of diabetes complications on the county's health care system. Age-adjusting tells what the rate would be if the proportion of people in each age group in the county were the same as that of the United States in the year 2000. Age-adjusting allows for comparisons between the county, the state and the nation. In order to tell how high or how low the actual rate could be, 95% confidence intervals are included in parenthesis. Rates are calculated per 10,000 rather than per 1,000 population to account for the fact that the denominator for this rate (total people in the county) is much larger than the diabetes population denominator.
- 3. The crude rate per 1,000 diabetes population is an important indicator of self-care and clinical management of diabetes. A synthetic estimate of the number of people in the county with diabetes is used to calculate the rate; thus it is only an approximate estimate of the true rate.

## Deaths

- 4. The number of diabetes-related deaths.
- 5. Age-adjusted death rate per 100,000 population for the county and for the state uses similar methods as those above (2).
- The death rate per 100,000 estimated diabetes population in the county and the state.